

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1958

47183

STATE FILE NUMBER

Registration District No. 102 Primary Registration District No. 4174 Registrar's No.

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cardwell		c. CITY OR TOWN Cardwell	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Joseph Middle Martin Last Edwards		4. DATE OF DEATH Month 12 Day 13 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 7, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years at birthday) 78
13a. FATHER'S NAME Thomas N Edwards		13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Linnie Edwards
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT 19605 Irvington Floyd Edwards Detroit, 3, Mich.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Arterio Sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov 57 to Dec 57 and last saw him alive on 13 Dec 57 . Death occurred at 13 Dec 57 4 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mr. R. L. Lufford (Degree or title)		22b. ADDRESS Cardwell, Mo	22c. DATE SIGNED 19 Dec
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-15-57	23c. NAME OF CEMETERY OR CREMATORY Woodman	23d. LOCATION (City, town, or country) (State) McCrary, Arkansas
24. FUNERAL DIRECTOR Thompson-Wilson		25. DATE RECD. BY LOCAL REG. 1-10-58	26. REGISTRAR'S SIGNATURE Edna Hallman

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 1-14-58
COUNTY FILE NUMBER 158

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Herman C Thompson, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Herman C Thompson

Licensed Embalmer No. 793 A
P. O. Address McCoy, Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.